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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing      OR      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Att r n y D c k t Numb r      38961-20

First Named Inv nt r      ASSAF, Imad

**COMPLETE IF KNOWN**

Application Number      10 /014,817

Filing Date      December 14, 2001

Group Art Unit      3619

Examiner Name      Not known

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"CARGO CARRIER SUSPENSION"

the specification of which      (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on

December 14, 2001

as United States Application Number or PCT International

Application Number      10/014,817      and was amended on (MM/DD/YYYY)      (If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PC T international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

# DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the

Patent and Trademark Office connected herewith:

☐ Customer Number

OR

☒ Registered Practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label Here

Name	Registration Number	Name	Registration Number
ROSEANN B. CALDWELL	37,077		
JEFFREY T. DAINES	41,540		
EDWARD YOO	41,435		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number or

Bar Code Label

OR

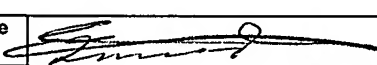
☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
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Inventor's Signature				Date	3/11/02
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Post Office Address					
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Country	CANADA				

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto,



## DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page \_\_\_\_ of \_\_\_\_

<b>Name of Additional Joint Inventor, if Any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname					
DANIEL WILLIAM					BRITTON					
Inventor's Signature					Date		3/11/02 3/11/02			
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Post Office Address										
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<b>Name of Additional Joint Inventor, if Any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname					
Inventor's Signature					Date					
Residence: City			State			Country			Citizenship	
Post Office Address										
Post Office Address										
City			State			Zip			Country	
<b>Name of Additional Joint Inventor, if Any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname					
Inventor's Signature					Date					
Residence: City			State			Country			Citizenship	
Post Office Address										
Post Office Address										
City			State			Zip			Country	